

D.S.S. HARTFORD
3580 MAIN STREET
HARTFORD CT 06120

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Page 1
01-000018
000097

Date: 99 99 9999



Client ID: 999999999

DSS CLIENT AUTH REP
FOR DSS CLIENT
ADDRESS

Worker:
DSS WORKER
Phone: 999-999-9999

PART 1. GENERAL INFORMATION ABOUT YOUR ELIGIBILITY

We made a decision about your request for assistance. This two part notice explains our decisions. Part 1 has general information about your eligibility and benefits. Part 2 gives specific information about our decisions. It also tells you about each person you applied for. Please read both parts of the notice.

Each program is discussed in a specific order. Cash assistance programs are first. These are programs like Aid to Families with Dependent Children, SAGA, and Aid to the Aged, Blind and Disabled. Information about the Food Stamp program is second. Medical assistance information is last. If a program you applied for is not listed, then we have not finished processing that part of your application. You will get another notice when we are done.

You may call your worker at the number listed at the top of the page if you have any questions. You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights.

Food Stamp Assistance

AU Number: 999999999

You applied for Food Stamp assistance on August 12, 2010. Based on our records we have determined that some or all the members of your household are eligible.

The table below lists the months you are eligible. Next to the month is the amount of your benefit. If the amount is zero, then you will not receive benefits for that month. Please read Part 2 for more information about your eligibility in each month.

Aug 2010	\$000.00	Sep 2010	\$000.00	Oct 2010	\$000.00
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We will deposit food stamp benefits in the amount of \$000.00 into your EBT account within the next few days. This includes all the benefits we owe you for the months listed above. Beginning in October, you will receive regular

benefits of \$000.00 each month. We will contact you before the end of January 2011 to review your benefits.

PART 2. DETAILED INFORMATION ABOUT YOUR ELIGIBILITY

5003 - Notice of Approval Food Stamps - AU 999999999

You are eligible for Food Stamp Assistance effective 08/12/10. Your period of eligibility is from 08/10 to 01/11. This means you will receive benefits during that period unless there is a change in your situation. At the end of that period we will contact you to review your eligibility.

We issue Food Stamps benefits through Electronic Benefit Transfer (EBT). You need an EBT card to use your benefits. Unless you already have an EBT card, we will mail your EBT card to you at the address you have given us. You should get the card today or tomorrow. If you are homeless and have the local DSS office listed as your address, you must go to the DSS office to pick up your card. When you get the EBT card, call the customer service number listed and follow the instructions to select your PIN.

If you begin to receive cash assistance from us, we will recalculate your Food Stamps. This may result in reduction or discontinuance of your Food Stamps.

Based on information we now have, you are eligible for the following benefits:

August 2010	\$000.00	September 2010	\$000.00
October 2010	\$000.00		

You will receive benefits for the people listed below:

DSS CLIENT 1

You can request a hearing if you disagree with this decision. Please read the last two pages of this notice for more information about your hearing rights.

4031 - Case Assignment

You have a new worker. It is the person named below. This is the person you should contact when you have a question or when you need to report a change. Please save this notice or make a note of your new worker's name and telephone number. The new worker has been assigned because of the department's staffing needs or structure.

NEW WORKER'S NAME: DSS WORKER
DISTRICT OFFICE: D. S. S. HARTFORD
3580 MAIN STREET
HARTFORD CT 06120
TELEPHONE: 999-999-9999

- Please call for an appointment **before** coming in to the office, so we can give you the best possible service. In many cases we may be able to help you over the phone and save you a trip.



- If you are coming to the office for an appointment and will need an interpreter, please let your worker know as soon as possible. We will arrange to have an interpreter for your appointment time.
- If we ask you to come to the office for an interview, but this will be difficult because you have a disability or for another reason, call your worker. We may be able to do what needs to be done through the mail or over the telephone.
- Your caseworker is the best person to help you. If he or she is not there when you call, please leave a message on his or her voice mail. Your call **will** be returned as soon as possible.

Wednesday and Thursday afternoons are staff processing times. Staff will not be available unless you have an emergency (such as eviction, food, or medical emergency). Staff use this time to process paperwork and to work on cases. If you have an emergency, call 999-999-9999.

- By doing these things we will be able to serve you better.

**YOUR RIGHT TO A HEARING**

You have the right to ask for a hearing if you do not agree with any of our decisions. A hearing is a meeting with you, your caseworker and a Hearing Officer. The Hearing Officer will listen to the facts and decide if our decision was right or wrong.

At a hearing, you may explain why you do not agree with our decision. You may speak for yourself or have someone else, such as a friend or relative, speak for you. You may also have an attorney speak for you. You may call Legal Services at 1-999-999-9999 to ask about free legal help.

The best way to ask for a hearing is to use the HEARING REQUEST FORM. If you are asking for a hearing for the Food Stamp program, you can also call 1-999-999-9999.

- You have **60 days** from the date of this notice to ask for a hearing **for all programs except** Food Stamps.
- The Food Stamp program has a time limit of **90 days** to ask for a hearing.

For HUSKY A or MEDICAID

- If you are in a Medicaid Spenddown, your benefits may not continue.
- Your benefits will not change if you ask for a hearing before the effective date of this change.
- If the Hearing Officer decides our change was right, you may have to pay us back.
- If the Hearing Officer decides we were wrong, we will pay for any covered health care.

Other Programs

- Your benefits will not change if you ask for a hearing within 10 days of this notice. Your benefits will stay the same until the Hearing Officer decides.
- If the Hearing Officer decides our change was right, you may have to pay us back.
- If you let us change your **cash benefits** and the Hearing Officer decides our change was wrong, we will immediately pay you all the benefits we owe you.
- If you are in the **Temporary Family Assistance** program, there may be a time limit. You can ask for a hearing at the end of the time limit, but your benefits will stop at the end of the time limit even if the hearing has not yet been held or decided.

KEEP THIS PAGE FOR YOUR RECORDS

YOU HAVE THE RIGHT TO MAKE A DISCRIMINATION COMPLAINT

You have the right to make a discrimination complaint if you think we have taken action against you because of your race, color, religious creed, sex, marital status, age, national origin, ancestry, criminal record, political beliefs, sexual orientation, mental retardation, mental disability, learning disability or physical disability, including but not limited to blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the department when special help is necessary to allow the individual to have an equal and meaningful opportunity to participate in the programs administered by the department.

If you asked for an accommodation or special help and we refused to provide the special help, you may make a complaint to the department's Affirmative Action Division Director or any of the agencies listed below.

You or someone representing you may write to or call one or more of these agencies to make a discrimination complaint:

Commissioner of the Department of Social Services

Attention: Affirmative Action Division Director/ADA Coordinator
25 Sigourney Street
Hartford, CT 06106-5033
Telephone: 1-860-424-5040 (TDD: 1-800-842-4524)

Connecticut Commission on Human Rights and Opportunities

21 Grand Street
Hartford, CT 06106
Telephone: 1-860-541-3400 (TDD: 1-860-541-3459)

US Department of Health and Human Services

Office for Civil Rights, Region I

JFK Federal Building, Room 1875
Boston, MA 02203
Telephone: 1-617-565-1340 (TDD: 1-617-565-1343)

US Department of Agriculture

Office of Civil Rights (Food Stamps only)

Whitten Building, Room 326-W
1400 Independence Avenue SW
Washington, D.C. 20250-9410
Telephone/TDD: 1-202-720-5964



Date: 09 13 2010

DSS CLIENT AUTH REP
FOR DSS CLIENT
ADDRESS

Client ID: 999999999
Worker:
DSS WORKER
Phone: 999-999-9999

Office: Hartford

HEARING REQUEST FORM

Use this form only if you want a hearing. Remember: Before you ask for a hearing or at any time afterwards, you may call your caseworker or his/her supervisor for help in solving the problem.

1. I do not agree with the decision taken on my case.
I am requesting a hearing because:

(Please use the back of this form if you need more room to write.)

2. My telephone number, including area code is: ()

3. Please check one:

☐ Under some programs, benefits may continue while the hearing decision is pending. If possible, I want my benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits.

☐ I do not want my benefits continued while the Hearing Officer is deciding.

4.

Signature

Date

5. Mail or fax this completed request to:

Department of Social Services
Office of Legal Counsel, Regulations and Administrative Hearings
25 Sigourney Street
Hartford, CT 06106-5033
Fax Number: (860) 424-5729

THIS INFORMATION IS AVAILABLE IN ALTERNATE FORMATS. PHONE (999) 999-9999
OR TDD/TTY (999) 999-9999.

Client ID: 999999999

DSS CLIENT AUTH REP
FOR DSS CLIENT
ADDRESS

Office: Hartford

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